The lingering effects of the recession continue to affect OR staffing, according to results of the 20th annual OR Manager Salary/Career Survey. Like last year, most OR directors and managers (78% vs 80% in 2009) said the economic downturn has had an impact on staffing. But this year’s results indicate stability and a few glimpses of optimism. OR directors reported less use of almost all strategies for adjusting staffing in response to economic pressure and, for some, declining case volume.

- More than half (52%) reduced use of overtime, down slightly from 59% in 2009.
- About one-third (36%) eliminated open positions compared to 42% last year.
- Only a few (8%) routinely use agency/travel staff to fill budgeted positions compared to 15% last year—and a big change from 22% in 2008.

The exception was a slight increase in the percentage of those who require staff to take time off without pay (39% vs 35% in 2009). Although the changes are not significant statistically, one respondent cited “decreasing overtime cost” as the OR’s “greatest improvement” in the past year.

The OR Manager Salary/Career Survey was mailed in March to 800 OR Manager subscribers who are directors or managers of hospital ORs; 294 usable surveys were returned for a response rate of 37%. The margin of error is ± 4.6 at the 95% confidence level. A separate survey was sent to nurse managers of ambulatory surgery centers (see page 12). This is the tenth year the staffing questions have been asked and the second year for the economic questions. Results from the remainder of the survey, including salaries and benefits, will appear in the October issue.

Looking at key staffing indicators, although vacancy rates increased slightly, over half of hospital ORs have no vacancies for RNs, and two-thirds have none for surgical technologists (STs). Staff turnover for both is about the same as last year, and it takes a little less time to fill positions. Most directors find the ability to recruit experienced staff about the same.

Several commented that less reliance on agency staff is their OR’s biggest improvement in the past year.

Open positions

This past year, the average number of open staff positions increased slightly to 2.1 for RNs compared to 1.8 in 2009 and to 1.9 for STs (surgical technologists) from 1.2. In contrast, nearly two-thirds of respondents reported staff turnover stayed the same as last year (5% for RNs and 6% for STs compared to 5% for both in 2009). Open positions were down from 2 years ago, when the average was 3.3 for RNs and 2.1 for STs.
Recruitment

Most managers (55%) find recruiting experienced RN staff no more difficult than last year, 19% find it easier, and 26% (up from 19% in 2009) said it is more difficult. Vacancy rates were 6% for RNs and 8% for STs, compared to 6% for both in 2009.

Case volume

Staffing, of course, is directly related to case volume. Although overall the average case volume has fallen slightly (−0.3%), about one-third (32%) have experienced an increase, another third (36%) have seen a decrease, while one-third (32%) have seen no change in case volume.

Several respondents commented that their case volumes were up. “Doing a higher volume of cases with the same amount of staff,” one noted. Other comments included “17% volume growth,” and “Our volume increased 6% over the previous year.”

Despite flashes of optimism, the lack of overall significant improvement is congruent with the results from an American Hospital Association March/April survey—70% of hospitals reported reduced patient volumes, and 72% reported reduced volumes of elective procedures. In the same survey, 9 in 10 hospitals noted an increase in cases where no payment was received. These effects translated into 74% of hospitals reporting a reduced operating margin, and nearly half (44%) having less access to capital.

Persistent economic impact

Larger OR departments were more apt to reduce use of overtime and of agency/travel nurses than smaller ORs. Directors of 10 or more ORs (62%) were more likely to reduce overtime use compared to managers of fewer ORs (46% for 5-9 ORs and 42% for 1-4 ORs). Larger ORs were also more likely to have reduced use of agency/travel staff. For small departments with 1-4 ORs (55%), the most common strategy for adjusting staffing was requiring staff to take time off without pay.

Efforts to respond to the stagnant economy varied by region, with facilities in the West (37%) significantly less likely to reduce overtime, compared to 57% for the Northeast and Midwest and 54% for the South.

The West was also less likely to require staff to take time off without pay:

• West 28%
- Midwest 49%
- South 38%
- Northeast 34%.

But the West was significantly more likely (43%) than the South (19%) to reduce use of agency/travel staff. In all, 28% of ORs in the Midwest and Northeast cited this strategy.

Few ORs have had to resort to layoffs. Only 3% reported laying off management personnel, and 4% reported direct care staff layoffs, compared to 4% and 3% respectively in 2009. No teaching hospitals reported layoffs of direct care staff.

**Vacancy rates and open positions**

Just over half of hospital ORs (53%) report no open positions for RNs, and almost two-thirds (65%) report none for STs. Vacancy rates were 6% for RNs and 8% for STs, little different from the 6% for both groups in 2009—but lower than the 10% for RNs in 2008.
The average number of open RN positions, 2.1, and ST FTE positions, 1.9, increased slightly over 2009.

Though most directors (61% for RNs and 69% for STs) reported no change in the percentage of budgeted FTEs open, 28% reported fewer RN openings and 21% fewer ST openings. Only 11% saw increases in RN and ST positions.

**Vacancies by type of facility**

Teaching hospitals were significantly less likely than community hospitals (45% vs 61%) to report no change in the percentage of RN openings in the past 12 months. For STs, teaching hospitals were significantly more likely than their community counterparts to report a decrease in the percentage of open ST FTEs (27% vs 15%).
Vacancies by size of OR
Changes in vacancy rates also varied by number of ORs. Managers of large departments (10+ ORs) were more likely to say the percentage of RN openings had decreased (35% vs 14%). Significantly more large ORs said the percentage of open ST FTEs had decreased over the past 12 months, compared to medium-sized (5-9 ORs) and small departments (1-4 ORs).

Open RN positions take about 12.4 weeks to fill, down from last year’s 14.9, and it takes directors an average of 9.5 weeks to fill ST positions, essentially unchanged from 2009’s 9.8.

Variations in vacancies and open positions
Although RN vacancy rates changed little from 2009, ST vacancy rates were slightly higher.

### How often does your OR use overtime to staff its ORs?

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Overall</th>
<th>Community</th>
<th>Teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always/almost always</td>
<td>17%</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>Occasionally</td>
<td>55%</td>
<td>55%</td>
<td>58%</td>
</tr>
<tr>
<td>Rarely</td>
<td>25%</td>
<td>25%</td>
<td>19%</td>
</tr>
<tr>
<td>Never</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Trends in perioperative nurse staffing

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2006</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of open positions in the OR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNs</td>
<td>1.8</td>
<td>1.9</td>
<td>3.3</td>
<td>2.1</td>
</tr>
<tr>
<td>STs</td>
<td>1.1</td>
<td>1.1</td>
<td>2.1</td>
<td>1.9</td>
</tr>
<tr>
<td>Open positions as a percentage of budgeted FTEs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNs</td>
<td>9%</td>
<td>7%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>STs</td>
<td>6%</td>
<td>6%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Average number of weeks positions have been open</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNs</td>
<td>12</td>
<td>13</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>STs</td>
<td>10</td>
<td>9</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Average staff turnover rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNs</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>STs</td>
<td>7%</td>
<td>7%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Routinely use agency/travelers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>23%</td>
<td>25%</td>
<td>22%</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Source: OR Manager, Inc*
There is no significant change in the ratio of RNs to surgical technologists (STs) in OR staffing. The ratio of RNs to STs in hospital ORs was 63:37 compared to 62:38 for the past 2 years, according to the 2010 OR Manager Salary/Career Survey. Over the past 10 years, the ratio has shifted only slightly from 61:34 in 2000.

Federal Medicare regulations say surgical technologists and licensed practical/vocational nurses may assist in circulating duties with an RN immediately available.

The percentage of hospital OR respondents who have STs circulating with an RN in the same room was 6%, unchanged from 2009. No facility allows STs to circulate on their own, and only one allows STs to circulate with an RN “immediately available.”

Of the 17 hospitals that permit STs to circulate either with a supervising RN in the same room (16) or immediately available (1):

- 13 are community hospitals
- 7 have 10 or more ORs, 5 have 5 to 9 ORs, and 5 have 1 to 4 ORs.

In all, 6 hospitals reported having an all-RN staff.

Ambulatory surgery centers (ASCs) reported an average skill mix of 67:33 of RNs to STs, the same as last year.

In all, 6% of ASCs allow STs to circulate with an RN in the room, and 1% with an RN immediately available. ASCs that permit STs to circulate are more likely to be owned by physicians, to have fewer than 5 ORs, and are significantly more likely to be single specialty. No ASC allows STs to circulate on their own.

Hospitals in the West (8%) had the highest RN vacancy rate, while for STs, the Northeast had the highest rate (12%, up from 4% last year), with the West close behind at 11% (also up from 4% in 2009). The Midwest and the South reported ST vacancy rates of 7% and 4%.

Most directors saw a fall in the average number of weeks RN positions were open. The Northeast was the longest at 16.9 weeks compared to 25.2 weeks last year. ST positions were open the longest in the Northeast at 14.3 weeks compared to 10.8 weeks last year. Two regions, the West and Midwest, reported taking less time to fill positions this year.

Teaching hospitals reported a higher average number of open RN and ST positions compared to community hospitals. Community hospitals have slightly higher vacancy rates than teaching hospitals but fill open positions more quickly than last year. In 2009, the average number of weeks an RN
position was open was 15.8 weeks for community hospitals and 13.0 weeks for teaching hospitals. The average number of open weeks for ST positions was 10.1 weeks for community and 8.9 weeks for teaching hospitals.

**Staff turnover**

With the slow economy, OR staff are apparently staying in their current positions. The average turnover rate was 5% for RNs, unchanged from last year, and 6% for STs, up slightly from 5% in 2009. About two-thirds of the directors reported staff turnover for RNs and STs was about the same as last year.

Compared to the previous 12 months, about a third of OR directors reported lower RN turnover, and fewer (23%) reported lower ST turnover (compared to 31% last year). Only a few ORs saw turnover increase, 7% for RNs, and 10% for STs.

Directors of 10 or more (35%) and 5 to 9 ORs (33%) were significantly more likely than those of 1 to 4 ORs (14%) to report a decrease in the RN turnover rate.

**Use of contract staff declines**

Fewer OR directors are routinely using agency and travel nurses to supplement their staffing, with only 8% reporting routine use of contract staff.

“We have completely eliminated all agency staff in 2.5 years,” said one respondent.

Those who use contract staffing say it comprises only an average of 9% of their total nursing staff.

Teaching hospitals are more than twice as likely as community hospitals to routinely use contract staff (14% vs 6%). For the fourth year, hospital ORs in the West (30%) were significantly more likely than other regions (10% for the Northeast, 3% for the South, and 1% for the Midwest) to use contract staff.

Of those who use overtime to stretch their staff, 17% use it always or almost always, while 55% use it occasionally, and 25% use it rarely. Teaching and community hospitals had comparable use of overtime, with 58% vs 55% using overtime occasionally.

**Positive changes**

Several respondents cited positive staffing changes. “No travelers. All permanent staff,” said one. Another had graduated 6 nurses from the AORN Periop 101 course.

Retention remains an important focus. “OR staff retention rate 96%,” one respondent said. Several others stated retention was the “greatest improvement” in their OR during the past year.

OR directors are using multiple techniques to improve staffing, such as providing team training, holding joint biannual meetings with physicians and nurses, involving staff more in decision making, starting shared governance, and encouraging certification.

Despite continued economic challenges, several reported increased satisfaction with one respondent listing this as the greatest improvement: “Maintaining patient satisfaction in the top 10% of Press Ganey Survey, while keeping morale high in a downturned economy.”
Perhaps the best summation of the state of staffing came from the respondent who said, “Like everyone else, same case volume, less staff, same great patient care.”

—Cynthia Saver, RN, MS

Cynthia Saver is a freelance writer and president of CLS Development, Inc, in Columbia, Maryland.